

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38769

1. PLACE OF DEATH

County St Louis Registration District No. 789
Township Normandy Central Primary Registration District No. 6033
City Vinita Park (No. 8227), Madison St. Ward

2. FULL NAME Anna L Cooney

(a) Residence, No. 8227 Madison St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P J Cooney
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 1869
7. AGE YEARS 67 MONTHS 11 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) Newark (STATE OR COUNTRY) New Jersey

13. NAME Patrick Fagan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Elizabeth Dunn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

17. INFORMANT Ruth Peischer (ADDRESS) 8227 Madison Vinita Park Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven Mo Cem. DATE Oct 9 1937

19. UNDERTAKER Ortmann Funeral Home (ADDRESS) 9222 Lackland Overland Mo

20. FILED 10-8-37 JDR Baehner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1937

22. I HEREBY CERTIFY, That I attended deceased from June 30 1937 to Oct 6 1937

I last saw her alive on Oct 6 1937. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Generalized Carcinomatosis Date of onset 50

Other contributory causes of importance: Carcinoma right breast 4 yrs ago

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Alexander J. Kotter, M. D.
(Address) 462 N Taylor

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
WASHINGTON, D. C.

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